

FILED
U.S. DISTRICT COURT
DISTRICT OF MARYLAND

8/12/2022
CLERK'S OFFICE
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IN THE UNITED STATES DISTRICT COURT
FOR THE DISTRICT OF MARYLAND

MAGGIE R. STARR

(Write the full name of each plaintiff who is filing this complaint. If the names of all the plaintiffs cannot fit in the space above, please write "see attached" in the space and attach an additional page with the full list of names.)

-against-

Department of the Air Force
11th FSS Wing Joint Base Annapolis
1310 McChord Washington, DC 20032 Bolling

(Write the full name of each defendant who is being sued. If the names of all the defendants cannot fit in the space above, please write "see attached" in the space and attach an additional page with the full list of names.)

**Complaint for Employment
Discrimination**

Case No. 22-CV-2029-GLS
(to be filled in by the Clerk's Office)

Jury Trial: ☐ Yes ☐ No
(check one)

I. The Parties to This Complaint**A. The Plaintiff(s)**

Provide the information below for each plaintiff named in the complaint. Attach additional pages if needed.

Name	<u>MAGGIE R. STARR</u>
Street Address	<u>P.O. Box 1584</u>
City and County	<u>White Plains</u>
State and Zip Code	<u>MARYLAND 20695</u>
Telephone Number	<u>240-585-0897</u>
E-mail Address	<u>blessedstarr@yahoo.com</u>

B. The Defendant(s)

Provide the information below for each defendant named in the complaint, whether the defendant is an individual, a government agency, an organization, or a corporation. For an individual defendant, include the person's job or title (if known). Attach additional pages if needed.

Defendant No. 1

Name	<u>CHANDRE COLEMAN</u>
Job or Title (if known)	<u>ILFSS/PSFC3-JP Hoyer CDC, DIRECTOR</u>
Street Address	<u>3725 FETTER AVENUE</u>
City and County	<u>Camp Springs, (Pr)</u>
State and Zip Code	<u>MARYLAND 20762</u>
Telephone Number	<u>240-857-3458 / 240-857-3207</u>
E-mail Address (if known)	<u></u>

Defendant No. 2

Name

Mia Williams

Job or Title

CDC Director

(if known)

Street Address

4456 Tinker St SW CDC

City and County

Joint Base Anacostia Bolling

State and Zip Code

Washington, DC 20032

Telephone Number

202-767-2890

E-mail Address

(if known)

Defendant No. 3

Name

Connie Hutchison

Job or Title

Human Resources Officer

(if known)

Street Address

1500 West Perimeter Rd Suite 5300

City and County

Campsprings (PG)

State and Zip Code

Maryland 20762

Telephone Number

301-981-5614

E-mail Address

(if known)

(If there are more than three defendants, attach an additional page providing the same information for each additional defendant.)

C. Place of Employment

The address at which I sought employment or was employed by the defendant(s) is:

Name

JP Hoyer CDC 3

Street Address

3725 Fetcher Ave

City and County

Campsprings (PG)

State and Zip Code

Maryland 20762

Telephone Number

240-857-3458

II. Basis for Jurisdiction

This action is brought for discrimination in employment pursuant to (*check all that apply*):

- ☒ Title VII of the Civil Rights Act of 1964, as codified, 42 U.S.C. §§ 2000e to 2000e-17 (race, color, gender, religion, national origin).

(Note: In order to bring suit in federal district court under Title VII, you must first obtain a Notice of Right to Sue letter from the Equal Employment Opportunity Commission.)

- ☐ Age Discrimination in Employment Act of 1967, as codified, 29 U.S.C. §§ 621 to 634.

(Note: In order to bring suit in federal district court under the Age Discrimination in Employment Act, you must first file a charge with the Equal Employment Opportunity Commission.)

- ☐ Americans with Disabilities Act of 1990, as codified, 42 U.S.C. §§ 12112 to 12117.

(Note: In order to bring suit in federal district court under the Americans with Disabilities Act, you must first obtain a Notice of Right to Sue letter from the Equal Employment Opportunity Commission.)

- ☐ Other federal law (*specify the federal law*):

- ☐ Relevant state law (*specify, if known*):

- ☐ Relevant city or county law (*specify, if known*):

III. Statement of Claim

Write a short and plain statement of the claim. Do not make legal arguments. State as briefly as possible the facts showing that each plaintiff is entitled to the damages or other relief sought. State how each defendant was involved and what each defendant did that caused the plaintiff harm or violated the plaintiff's rights, including the dates and places of that involvement or conduct. If more than one claim is asserted, number each claim and write a short and plain statement of each claim in a separate paragraph. Attach additional pages if needed.

A. The discriminatory conduct of which I complain in this action includes *(check all that apply)*:

- ☐ Failure to hire me.
- ☒ Termination of my employment.
- ☐ Failure to promote me.
- ☐ Failure to accommodate my disability.
- ☒ Unequal terms and conditions of my employment.
- ☐ Retaliation.
- ☐ Other acts *(specify)*: _____

(Note: Only those grounds raised in the charge filed with the Equal Employment Opportunity Commission can be considered by the federal district court under the federal employment discrimination statutes.)

B. It is my best recollection that the alleged discriminatory acts occurred on date(s) _____

C. I believe that defendant(s) *(check one)*:

- ☒ is/are still committing these acts against me.
- ☐ is/are not still committing these acts against me.

D. Defendant(s) discriminated against me based on my *(check all that apply and explain)*:

- ☒ race African American
- ☒ color DARK Complexion
- ☒ gender/sex Female
- ☐ religion _____
- ☐ national origin _____
- ☒ age. My year of birth is 1964. *(Give your year of birth only if you are asserting a claim of age discrimination.)*
- ☐ disability or perceived disability *(specify disability)* _____

E. The facts of my case are as follows. Attach additional pages if needed.

THE FACTS OF MY EMPLOYMENT DISCRIMINATION
CASE (SEPARATE TREATMENT) MAGGIE STARR,
ENDURED FROM THE DEPARTMENT OF THE
AIR FORCE AGENCY OFFICIALS VIOLATED TITLE
VII OF THE CIVIL RIGHTS ACT OF 1964 (42 US CODE 2000E)
WHEREAS CAUSE AND EFFECT AFI 34-144 AGENCY VIOLATED PRACTICES
OF POLICY PROCEDURES RESULTING IN JOB LOSS, (SEE ATTACHED)
 (Note: As additional support for the facts of your claim, you may attach to this ^{MEMOS/DOCUMENTS} complaint a copy of your charge filed with the Equal Employment Opportunity Commission, or the charge filed with the relevant state or city human rights division.) WHERE CAUSE AND EFFECT RESULTING FROM DISCRIMINATION
ENDURED: AGENCY DISPLAYED PRETEXT EXCUSE SURROUNDING
AFI 34-144 POLICY AND PROCEDURE VIOLATIONS RECEIVED FAVORABLE
1266 PPHC FROM MY RACE, COLOR, AGE, SEX, NATIONAL ORIGIN,
INSULTED ABOUT NATURAL HAIR AT LEAST
IT IS MANAGEABLE

IV. Exhaustion of Federal Administrative Remedies

A. It is my best recollection that I filed a charge with the Equal Employment Opportunity Commission or my Equal Employment Opportunity counselor regarding the defendant's alleged discriminatory conduct on (date)

EEOC 3/31/22 STATEMENT + BRIEF, 2/24/22 RECONSIDERATION, 10/23/20 APPEAL
10/6/20 APPEAL 1/11/17 FORMAL COMPLAINT 11/19/16 EEOC INTAKE

B. The Equal Employment Opportunity Commission (check one):

- ☒ has not issued a Notice of Right to Sue letter.
☐ issued a Notice of Right to Sue letter, which I received on (date)

(Note: Attach a copy of the Notice of Right to Sue letter from the Equal Employment Opportunity Commission to this complaint.)

C. Only litigants alleging age discrimination must answer this question.

Since filing my charge of age discrimination with the Equal Employment Opportunity Commission regarding the defendant's alleged discriminatory conduct (check one):

- ☐ 60 days or more have elapsed.
☒ less than 60 days have elapsed.

V. Relief

State briefly and precisely what damages or other relief the plaintiff asks the court to order. Do not make legal arguments. Include any basis for claiming that the wrongs alleged are continuing at the present time. Include the amounts of any actual damages claimed for the acts alleged and the basis for these amounts. Include any punitive or exemplary damages claimed, the amounts, and the reasons you claim you are entitled to actual or punitive money damages.

I Maggie Starr ask the courts to order:
Personnel Record to remove wrongful Termination
out of Permanent Records, Reinstatement of
Employment as Child and Program Assistant or
Job placement at another facility offer, Emotional
and Mental Damages for the stress endured of
Reliving Trauma resulting from Domestic Situation in
which I was looked as being a violent criminal
for about 6 years. Mainly do to Charges was not
investigated thoroughly by Agency Officials.
Defamation of my Character defamed. Passed
over in being placed in a permanent Classroom.
Being treated unfairly because of my race, color,
age, sex and national origin. Caribbean American,
Dark complexion, 52 years old at the time of Discrimination
Filed, female and not having the chance to meet with
the upper chain of Command Officials, to provide the
Basis of matter. Because of termination I had to seek other
employment to offset monies loss from JP Hoyer to add to
money received from Master Security Job to pay and maintain
Bills monthly. This situation of discrimination endured and
termination was and still is painful and stress full. Back
Compensation from time terminated 10/11/16 with interest.
Total Damages that I feel I claim is, ARE entitled to
\$500,000 from responsible Agency Overseer Department
of the US Air Force
Maggie Starr
8/11/22

VI. Certification and Closing

Under Federal Rule of Civil Procedure 11, by signing below, I certify to the best of my knowledge, information, and belief that this complaint: (1) is not being presented for an improper purpose, such as to harass, cause unnecessary delay, or needlessly increase the cost of litigation; (2) is supported by existing law or by a nonfrivolous argument for extending, modifying, or reversing existing law; (3) the factual contentions have evidentiary support or, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery; and (4) the complaint otherwise complies with the requirements of Rule 11.

A. For Parties Without an Attorney

I agree to provide the Clerk's Office with any changes to my address where case-related papers may be served. I understand that my failure to keep a current address on file with the Clerk's Office may result in the dismissal of my case.

Date of signing: 11 Aug, 2022

Signature of Plaintiff Maggie Starr
 Printed Name of Plaintiff MAGGIE STARR

(If more than one plaintiff is named in the complaint, attach an additional certification and signature page for each additional plaintiff.)

B. For Attorneys

Date of signing: _____, 20__.

Signature of Attorney _____
 Printed Name of Attorney _____
 Bar Number _____
 Name of Law Firm _____
 Address _____
 Telephone Number _____
 E-mail Address _____